PRINTED: 11/24/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			CONSTRUCTION 01 - MAIN BUILDING	(X3) DATE SI COMPLE	
	55 ci -	44A122	B. WI	1G_			11/2	2/2010
	PROVIDER OR SUPPLIER	я.		14	406 N	ADDRESS, CITY, STATE, ZIP CODE MEDICAL CENTER DRIVE NON, TN 37087		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 018 SS=D	Doors protecting co required enclosures hazardous areas ar	FETY CODE STANDARD orridor openings in other than sof vertical openings, exits, or e substantial doors, such as of 1¾ inch solid-bonded core	K	018	a. b.	The trashcan was immedi moved away from the doc another location in room. All residents have the pot- being affected by the defi-	or to 113. , ential of	12/ 13 /10
	minutes. Doors in s required to resist the no impediment to the are provided with a the door closed. Do	resisting fire for at least 20 sprinklered buildings are only e passage of smoke. There is the closing of the doors. Doors means suitable for keeping atch doors meeting 19.3.6.3.6.3.6.3.				practice. The Maintenance Director has inspected all the facility to know their of condition and whether the close, and remain open as without having an impedia	doors in current by open, desired	
e .	Roller latches are p in all health care fac	rohibited by CMS regulations cilities.		=	c.	Staff was inserviced on 11 by Administrator on the importance of not proppin open or using impediment kind.	1/29/10 ag doors	
e k		s not met as evidenced by:	٠		d.	The Maintenance Director audit for these practices do his observation rounds of Doors that were identified closing on their own will be realigned and adjusted by	uring facility. as	
		on it was determined the name of the name of the corridor doors.				Isenhour Door Company of before 12/16/10.	on or	*
-	Observation of the I 11/22/10 at 7:50 AM held open with a tra	Resident room 113 on I, revealed the door was being sh can. National Fire ion (NFPA) 101, 7.2.1.5.4			•	a r		
K 029	Maintenance at the	knowledged by the erified by the Director of exit conference on 11/22/10. FETY CODE STANDARD	K	29		9	8	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

(X6) DATE

LABORA FORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 11/24/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING B. WING 44A122 11/22/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1406 MEDICAL CENTER DRIVE PAVILION, THE CPC LEBANON, TN 37087 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 029 Continued From page 1 K 029 a. The penetration was filled with 11/26/10 SS=D fire caulk by the Maintenance One hour fire rated construction (with 3/4 hour Director on 11/24/10. fire-rated doors) or an approved automatic fire b. All residents have the potential of extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When being affected by the deficient the approved automatic fire extinguishing system practice. The Maintenance option is used, the areas are separated from Director and Administrator have other spaces by smoke resisting partitions and surveyed the facility for any other doors. Doors are self-closing and non-rated or penetrations to fill with fire caulk field-applied protective plates that do not exceed 48 inches from the bottom of the door are or drywall mud. permitted. 19.3.2.1 c. The staff will communicate any penetration findings within the facility to the Maintenance Director via work orders as This STANDARD is not met as evidenced by: instructed in inservice on Based on observation it was determined the 11/30/10 by the Maintenance facility failed to maintain the hazardous areas. Director. d. The Maintenance Director will The findings include: look at all walls and ceilings for Observation of the attic mechanical room on penetrations during weekly 11/22/10 at 8:13 AM, revealed a penetration in preventative maintenance rounds the wall. National Fire Protection Association and will report to the (NFPA) 101, 19.3.2.1 Administrator any findings. This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/22/10. K 052 NFPA 101 LIFE SAFETY CODE STANDARD K 052 SS=E A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			CONSTRUCTION 01 - MAIN BUILDING	(X3) DATE S COMPLE	
¥	a	44A122	B. WII	NG_			11/2	2/2010
	ROVIDER OR SUPPLIER			1.	406 I	ADDRESS, CITY, STATE, ZIP CODE MEDICAL CENTER DRIVE NON, TN 37087	11/2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	COMPLETION DATE
K 052	Continued From pa	ge 2	K	052		The annual testing of the system was completed on 11/22/10 by ADT. All residents have the pot being affected by the defi practice. The Maintenance	ential of cient	11/23/10 Rev 2000
	Based on record revit was determined the alarm system.	s not met as evidenced by: view on 11/22/10 at 9:00 AM, ne facility failed to maintain the		£	c.	Director will review the leannual inspections to make all inspections/tests are confident of the Maintenance Director log for annual inspections that are to be completed.	mplete. r has a or tests	
	no annual testing wa	1/22/10 at 9:00 AM, revealed as conducted on the alarm e Protection Association			d.	monitor this log monthly no annual inspections or to be missed. The Administrator will me the annual log monthly to	to assure ests will onitor	2
.	Maintenance at the	eknowledged by the erified by the Director of exit conference on 11/22/10. FETY CODE STANDARD	ΚO	054		maintain accountability or practices.	f these	
	activating door hold-	letectors, including those open devices, are approved, ad and tested in accordance er's specifications. 9.6.1.3	2 (1) (2)					- 7
	Based on record rev	not met as evidenced by: iew it was determined the tain the smoke detectors.				х з		
- -	The finding include:						80 40	
1	Records review on 1	1/22/10 at 9:15 AM, revealed				8.40	©.	*

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION O1 - MAIN BUILDING	(X3) DATE S COMPLE		
		44A122	B. WING	з		11/2	2/2010	
	ROVIDER OR SUPPLIER	e e		140	EET ADDRESS, CITY, STATE, ZIP CODE 06 MEDICAL CENTER DRIVE EBANON, TN 37087			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHIP CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED OF THE	OULD BE	(X5) COMPLETION DATE	
K 054	detectors. National (NFPA) 72, 3.2.3 This finding was ac Administrator and v Maintenance at the	respection of the smoke Fire Protection Association knowledged by the erified by the Director of exit conference on 11/22/10.	К 0		 a. The inspection of the sm detectors was completed 11/29/10 by D&H Electr b. All residents have the pobeing affected by the determinant practice. The Maintenant Director will review the 	on onics. tential of icient ce annual	11/29/10	AND THE PROPERTY OF THE PROPER
K 056 SS=E	If there is an autom installed in accorda for the Installation of provide complete or building. The syste accordance with NF Inspection, Testing, Water-Based Fire F supervised. There supply for the syste systems are equipp	atic sprinkler system, it is not with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the m is properly maintained in FPA 25, Standard for the and Maintenance of protection Systems. It is fully is a reliable, adequate water m. Required sprinkler ed with water flow and tamper electrically connected to the ystem. 19.3.5	K Os		log to make sure all insp and/or tests are complete c. We will add a log for the inspection of the smoke to be completed by an or source annually. The Ma Director will monitor thi monthly and schedule all inspections when require d. The Administrator will re the annual log monthly t maintain accountability of practices.	detectors atside intenance intenance s log d. nonitor		
	Based on records re	s not met as evidenced by: eview it was determined the ntain the sprinkler system.						
	no quarterly testing sprinkler system. Na Association (NFPA) This finding was acl		• ,		*			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING	(X3) DATE'S COMPLE	
	g)	44A122	B. WING_		11/2	2/2010
	ROVIDER OR SUPPLIER	E 2	1.	EET ADDRESS, CITY, STATE, ZIP CO 406 MEDICAL CENTER DRIVE EBANON, TN 37087	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 054	no semi or annual i	nspection of the smoke Fire Protection Association	K 054			a.
K 056 SS=E	Administrator and Maintenance at the NFPA 101 LIFE SA If there is an autominstalled in accordator the Installation oprovide complete coulding. The system accordance with NI Inspection, Testing Water-Based Fire I supervised. There supply for the systems are equipped to the systems are equipped in the systems a	rerified by the Director of exit conference on 11/22/10. FETY CODE STANDARD ratic sprinkler system, it is not with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the m is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems. It is fully is a reliable, adequate water m. Required sprinkler or electrically connected to the	K 056	a. A contract for quarter conducted by Nashvil Company was establicated by 11/30/10 with the first to be done on 1/11/11 sprinkler system was 10/14/10 to serve as it and fourth quarter test. All residents have the being affected by the practice. The Mainter Director will review to log to make sure all it.	le Sprinkler shed on t quarter test . The tested on ts annual t. potential of deficient hance the quarterly	11/30/10
	Based on records of facility failed to main the findings included Records review on no quarterly testing sprinkler system. No Association (NFPA) This finding was accordance of facility facilit	11/22/10 at 8:10 AM, revealed was conducted on the ational Fire Protection) 25		tests are complete. c. We will add a log for sprinkler system to b quarterly by an outside. The Maintenance Dimonitor this log and quarterly tests be coroutside source in dest. d. The Administrator with the quarterly log mormaintain accountability practices.	e completed de source. rector will make sure all inpleted by ired time. ill monitor inthly to	

STATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI			ONSTRUCTION 01 - MAIN BUILDING	(X3) DATE SU COMPLE	
	1	44A122	B. WIN	IG			11/22	2/2010
	ROVIDER OR SUPPLIER			14	06 MI	DDRESS, CITY, STATE, ZIP CODE EDICAL CENTER DRIVE ION, TN 37087		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		c	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 056 K 064 SS=E	Maintenance confe NFPA 101 LIFE SA Portable fire exting	rence on 11/22/10. AFETY CODE STANDARD uishers are provided in all ncies in accordance with	K			The Maintenance Director checked and signed off or extinguishers in the attic mechanical room and the alarm room on 11/22/10 t	the fire	11-23-10 14-23-110
ž e	This STANDARD Based on observa	is not met as evidenced by: ion it was determined the intain the fire extinguishers.				them current. All residents have the pot being affected by the defi practice. The Maintenanc Director rechecked all fir extinguishers in the facili make sure they were curr	ential of cient ee e ty to	port.
	AM, revealed the f mechanical room	the attic on 11/22/10 at 8:15 ire extinguisher in the front was blocked with equipment. ection Association (NFPA). 10,	*.		c.	The Administrator has re educated the Maintenanc Director of all the fire extinguishers in the facili- what is required when ch them. We have provided	e ity and ecking a map of	T
K 135 SS=D	and the fire alarm revealed fire exting monthly. NFPA 10 These findings we Administrator and Maintenance at the NFPA 101 LIFE S Flammable and confrom and stored in accordance with NC ombustible Liquing Standard on Fire	the attic mechanical rooms room on 11/22/10 at 8:17 AM, guishers were not checked, 4:3.1 re acknowledged by the verified by the Director of exit conference on 11/22/10. AFETY CODE STANDARD ombustible liquids are used approved containers in IFPA 30, Flammable and ds Code, and NFPA 45, Protection for Laboratories Storage cabinets for	K	135	d.	all fire extinguishers in the facility with a total number require the maintenance to account for all in the land Maintenance Director whis monthly log for fire extinguishers and sign of fire extinguishers and sign of fire extinguisher for that The Administrator will at the monthly log to keep accountability for these	oer and director og. The ill follow ff each month.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION G 01 - MAIN BUILDING	(X3) DATE SU COMPLE	
34		44A122	B. WING		11/2	2/2010
	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	14	EET ADDRESS, CITY, STATE, ZIP CODE 406 MEDICAL CENTER DRIVE EBANON, TN 37087 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 064 SS=E	Portable fire exting health care occupa 9.7.4.1. 19.3.5.6 This STANDARD Based on observatifacility failed to ma The findings include (1) Observation of AM, revealed the fire mechanical room with National Fire Prote 1.6.3 (2) Observation of and the fire alarm revealed fire exting monthly. NFPA 10 These findings we Administrator and Maintenance at the NFPA 101 LIFE SA Flammable and conform and stored in accordance with Nicombustible Liquid Standard on Fire Flammable Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and conformation of the Nicombustible Liquid Standard on Fire Flammable and Combustible Liquid Standard on F	dishers are provided in all ancies in accordance with NFPA 10 is not met as evidenced by: it	K 056 K 064	a. The boxes were immedia moved away from the firextinguishers in the from mechanical room on 11/b. All residents have the pobeing affected by the depractice. The Maintenan Director and Administra surveyed the facility and extinguishers to make surveyed the facility and extinguishers are clear of blockages. c. We have moved all equivalent supplies away from fire extinguishers throughout facility. We have marke the fire extinguishers we paint in the front mechan room so staff will visual to place things in front extinguishers. All staff inserviced on 11/29/10 Administrator on important places and places are of any blockages consequences that will	te to to tential of ficient ce tor have all fire are all fire fany pment or the daround of the red nical are not of fire was by the tance of ishers and the occur if red. Stor will ishers on a ort any	11/29/10

	10.011111001011111	A MILDICAID SERVICES					
STATEMENT AND PLAN O	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION 01 - MAIN BUILDING	(X3) DATE S	
		44A122	B. WING	G		11/2	2/2010
	PROVIDER OR SUPPLIER	1		140	ET ADDRESS, CITY, STATE, ZIP CODE 66 MEDICAL CENTER DRIVE BANON, TN 37087	14	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 135	Continued From pa	age 5	K 1:	35	(P)	ė	
	flammable and conconstructed in according to the constructed in according to the constructed in according to the constructed in according to the construction of supply rooms on 1 cylinders of oxygen	nbustible liquids are ordance with NFPA 30, mbustible Liquids Code, NFPA so not met as evidenced by ion it was determined the ntain the combustible liquids.		- 2	a. The Maintenance Director immediately placed the user oxygen cylinder into the secured area. b. All residents have the postering affected by the definition practice. The Maintenance Director and Administrate surveyed the facility to mall oxygen cylinders are concluded. As of 11/29/10, charge nucheck oxygen cylinders are beginning of each shift as	properly tential of icient se or nake sure secure. urses will at the	11/29/10
K 147 SS≃D	(2) Observation of 11/22/10 at 8:12 Al (with gas in the tan NFPA 30, 4.4.3.6 These findings wer Administrator and Maintenance at the NFPA 101 LIFE SA Electrical wiring an with NFPA 70, Nat This STANDARD Based on observat	the maintenance shop on M, revealed a pressure washer k) was stored in the room. The acknowledged by the verified by the Director of a exit conference on 11/22/10. AFETY CODE STANDARD If a equipment is in accordance tional Electrical Code. 9.1.2 The state of th	K 1	***************************************	off whether they are sect 24-hour report. d. The Director of Nursing review each 24-hour rep make sure oxygen cyline remaining secured in sur rooms and will report ar findings to the Administ disciplinary action.	will ort to ders are pply	

OLITICI	O I OIL MEDICALL	& MEDICAID SERVICES					CIVID IVO.	0930-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			NSTRUCTION 01 - MAIN BUILDING	(X3) DATE SU COMPLE	
		44A122	B. WIN	1G		*	11/2	2/2010
	AME OF PROVIDER OR SUPPLIER PAVILION, THE CPC			14	06 ME	ODRESS, CITY, STATE, ZIP CODE EDICAL CENTER DRIVE ON, TN 37087	is .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	038355	c	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 135	constructed in acco	nbustible liquids are ordance with NFPA 30, ombustible Liquids Code, NFPA	K	135		·	6	•
Ќ 147 SS=D	Based on observation facility failed to main the findings included (1) Observation of supply rooms on 1 cylinders of oxyger Fire Protection Asset (2) Observation of 11/22/10 at 8:12 A (with gas in the tan NFPA 30, 4.4.3.6) These findings were Administrator and Maintenance at the NFPA 101 LIFE SA Electrical wiring an with NFPA 70, Na This STANDARD Based on observations.	is not met as evidenced by: ion it was determined the intain the combustible liquids. de: the 200 and 300 hall clean 1/22/10 at 7:55 AM, revealed in were not secured. National sociation (NFPA) 55, 6-6 the maintenance shop on M, revealed a pressure washer isk) was stored in the room. The acknowledged by the verified by the Director of the exit conference on 11/22/10. AFETY CODE STANDARD and equipment is in accordance tional Electrical Code. 9.1.2 is not met as evidenced by: tion it was determined the intain the electrical system.		147	b. c.	The Maintenance Direct immediately removed the pressure washer (with getank) and placed it in stofacility on 11/22/10. All residents have the period of the depractice. The Maintenar Director reviewed the maintenance shop to resorter equipment contains. The Maintenance Director combustible liquids report to the Administrating. The Administrator will to monitor the facility from the combustible liquids and administer corrective an needed.	ne as in the brage otential of ficient nee move any ning gas. tor will facility and will ator any continue for divill	11-23-10 11-23-10 11-23-10

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG 01 - MAIN BUILDING	(X3) DATE S COMPLE	URVEY ETED
		44A122	B, WING _		11/2	2/2010
	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1	REET ADDRESS, CITY, STATE, ZIP CODE 406 MEDICAL CENTER DRIVE .EBANON, TN 37087 PROVIDER'S PLAN OF CORRECTIVE ACTION SHIP CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 147	The findings includ Observation of the 11/22/10 at 8:08 AI electrical outlets we interrupters (GFCI) Association (NFPA This finding was ac Administrator and	kitchen dry storage room on M, revealed not all of the ere ground fault circuit National Fire Protection) 70, 517-20	K 147	 a. The Maintenance Director changed the electrical out the kitchen dry storage to fault circuit interrupters on 11/26/10. b. All residents have the position of the practice. The Maintenant Director and Administration surveyed the rest of the Department to make sure electrical outlets were grault circuit interrupters. c. All outlets in the Dietar Department are ground circuit interrupters (GFO). d. All outlets in the Dietar Department are ground circuit interrupters. 	ottlets in or ground (GFCI) otential of ficient ce tor Dietary e all round (GFCI). y fault CI).	11/30/10